PATENT APPLICATION FEE DETERMINATION RECORD . Effective January 1, 2003

10626229

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
=	OTAL CLAIMS		(Column 1)		(Column 2)		1	TYPE -		OR	SMALL	ENTITY	
			26					RATE	FEE	4	RATE	FEE	
FOR :			NUMBER FILED		NUMBER EXTRA			Basic Fe	375.00	OR	Basic Fee	750.00	
TOTAL CHARGEABLE CLAIMS			34 minus 20=		• 14			X\$ 9=	126	OR	X\$18=		
_	EPENDENT C			nus 3 -	6		-	X42=	252	OR	X84=		
-	ATIPLE DEPE	NDENT CLAIM P	RESENT					+140=	140	OR	+280=		
" If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL	993	OR	TOTAL		
	Prox. c	LAIMS AS A (Column 1)	MENDE	IDED - PART II				SMALL.	ENTITY	OTHER THAN SMALL ENTITY			
۵	24	CLAIMS	M. Company	(Colum	EST	(Column 3)	ſ		ADDI	OR 1	JANCE!	ADDI-	
4 1 1 1 1 1 1 1 1 1 1		REMAINING AFTER AMÉNOMENT		PREVIO PÀID	XUSLY	PREBENT EXTRA		PATE	TIONAL		RATE	TIONAL	
ENDRENT	Total	.27	Minus .	ے ۔	34	• ,		X\$ 9=		OR	X\$18=		
Ĭ	Endependent	• 12	Minus II TIDI E DEI	ENDENT	9	.3	L	邓	129	OR	· X84=	•	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
			·					TOTAL DOIT, FEE	629.	OR	VOTAL ADDIT, FEE	•	
	· .	(Column 1)		(Colum	nn 2)	(Column 8)							
		CLAIMS REMAINING AFTER AMENDMENT		HIGH! NUME PRIEVIC PAID !	BER WSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDE	Ttel	. 27	Minus	*	34	. —	Γ	X\$ 9=	·	ОЯ	X\$18=		
	tridependent	• 8	Minus	-	لا	•		X42=		OR	X84=		
	PRET PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLARA	لكلت		+140=		OR	+280=		
							AE	YOTAL OFT, FEE		SPO	TOTAL JODIT, FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)							
		CLAIMS REMAINING AFTER AMEROMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 27	Minus	- 3	34			X\$ 9=		62	X\$18=		
MENDIN	Independent	• .6	Mirrus	[2	•	-	X42=		OR I	X84=		
۲	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAM		1	140=		UIS			
_ ~	. If the entry is column 1 is less than the only in column 2, write "0" in column 3.									OR į	»280=		
-	" It this entry is contains 1 or case than the entry is contain 2; where "0" in contains 3." "If this Physicial Number Provincially Paid For" by THIS SPACE is less than 20, order ."20." ""If this Physicial Number Provincially Paid For" by THIS SPACE is less than 3. order ."3."									OR ,	TOTAL WOIT, FEE		
	l the Taghest Mus The Taghest Muss	mber Provincely Pa bar Provincely Pald	SE FOT IN THE I You' (Botal or	5 SPACE is Independe	i iiise Tia ni) la the	i 3. ertet :3.° Inghest number		OIT, FEEL	ropriate box	in coa	ima 1.		
_							ندنده		mate #140 CC		None and the second	COMMERCE	
-	PTO-STE (Apr. : 2	PULE) TERMIN	wanted Paragra	and the same	1 464 180	•	-		TO AV.	9 TA -	· · · · · · · · · · · · · · · · · · ·	COMPANY	